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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None

KZP

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

yes

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KZP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
Verified and Acknowledged	<u>KZP Patel</u> Examiner's Signature	<u>KZP</u> Initials			

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## TITLE

Method for operating a medical imaging examination apparatus

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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